



BIR Form No.

2316

January 2018 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year (YYYY)	2 0 2 1	2 For the Period From (MM/DD) 05 0 7 To (MM/DD) 12 3 1
Part I - Employee Information		
3 TIN	3 4 1 - 8 6 4 - 4 2 7 -	Part IV-B Details of Compensation Income & Tax Withheld from Present Employer
4 Employee's Name (Last Name, First Name, Middle Name)	TORREVILLAS, HANNAH MARIE ELARDO	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME
5 RDO Code	0 4 4	Amount
6 Registered Address	6A ZIP Code	27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE 0.00
6B Local Home Address	6C ZIP Code	28 Holiday Pay (MWE) 0.00
6D Foreign Address		29 Overtime Pay (MWE) 0.00
7 Date of Birth (MM/DD/YYYY)	8 Contact Number	30 Night Shift Differential (MWE) 0.00
1 0 2 2 1 9 9 8		31 Hazard Pay (MWE) 0.00
9 Statutory Minimum Wage rate per day	0	32 13th Month Pay and Other Benefits (maximum of P90,000) 21,319.95
10 Statutory Minimum Wage rate per month	0	33 De Minimis Benefits 16,875.86
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 10,058.62
Part II - Employer Information (Present)		
12 TIN	0 0 8 - 0 5 6 - 7 8 3 -	35 Salaries and Other Forms of Compensation 10,982.76
13 Employer's Name	141,312.48	
OPTUM GLOBAL SOLUTIONS (PHILIPPINES), INC.		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) 59,237.19
14 Registered Address	14A ZIP Code	B. TAXABLE COMPENSATION INCOME REGULAR
5th to 10th Floors Science Hub Tower 1, Block 38 Campus Avenue corner Turin Street, Taguig City Metro Manila 1634 Philippines		37 Basic Salary 141,312.48
15 Type of Employer	<input type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	38 Representation 0.00
Part III - Employer Information (Previous)		
16 TIN		39 Transportation 0.00
17 Employer's Name	40 Cost of Living Allowance (COLA) 0.00	
18 Registered Address	18A ZIP Code	41 Fixed Housing Allowance 0.00
Part IV-A - Summary		
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	200,549.67	42 Others (specify)
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	59,237.19	42A 0.00 0.00
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	141,312.48	42B 0.00 0.00
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00	SUPPLEMENTARY
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	141,312.48	43 Commission 0.00
24 Tax Due	0.00	44 Profit Sharing 0.00
25 Amount of Taxes Withheld	0.00	45 Fees Including Director's Fees 0.00
25A Present Employer	0.00	46 Taxable 13th Month Benefits 0.00
25B Previous Employer, if applicable	0.00	47 Hazard Pay 0.00
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00	48 Overtime Pay 0.00
49 Others (specify)		
49A 0.00		49B 0.00
50 Total Taxable Compensation Income (Sum of Items 37 to 49B) 141,312.48		
I/we declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the processing of my/our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.		
51	CABAGNOT, MICHELLE KIBLATAIN <i>[Signature]</i>	
Present Employer/Authorized Agent Signature over Printed Name		
CONFORME:		
52	TORREVILLAS, HANNAH MARIE ELARDO <i>[Signature]</i>	
Employee Signature over Printed Name		
CTC/Valid ID No. of Employee	Place of Issue	Date Signed
To be accomplished under substituted filing		
I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.		I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C filed by my employer to the BIR shall constitute as my income tax return; and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.
53	CABAGNOT, MICHELLE KIBLATAIN <i>[Signature]</i>	
Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)		
54		TORREVILLAS, HANNAH MARIE ELARDO <i>[Signature]</i>
Employee Signature over Printed Name		